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Assistant Commissioner for Patents
Washington, D.C. 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : ALEXAI.003A

Applicants : Kahle, et al.

For : SUPPLEMENTATION OF WEB PAGES
WITH PRODUCT-RELATED
INFORMATION

Attorney : Alexander Franco

"Express Mail"
Mailing Label No. : EL672819860US

Date of Deposit : March 28, 2001

I hereby certify that the accompanying

Transmittal; Specification in 40 pages; 29 sheets of drawings; Information Disclosure Statement, PTO Form 1449 with 15 references; and a Return Prepaid Postcard are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.


JUSTIN STOTTS

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JCS35 U.S. PTO
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JCS996 U.S. PTO
09/820207
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ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of Inventors: **Brewster P. Kahle, Niall P. O'Driscoll, Ronna C. Tanenbaum, Jeffrey Bartolotta, Sondra L. Cholach and Paul Van Der Sauer**

For: **SUPPLEMENTATION OF WEB PAGES WITH PRODUCT-RELATED INFORMATION**

REQUEST AND CERTIFICATION UNDER 35 U.S.C. § 122(b)(2)(B)(i)

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached publication not be published under 35 U.S.C. § 122(b).

Enclosed are the following documents:

- (X) 29 sheets of drawings;
- (X) An Information Disclosure Statement;
- (X) A PTO Form 1449 listing fifteen (15) references, copies of which are enclosed; and
- (X) Return prepaid postcard.

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$710	\$710.00
Total Claims	44 - 20 =	24 ×	\$18	\$432.00
Independent Claims	6 - 3 =	3 ×	\$80	\$240.00
If application contains any multiple dependent claims(s), then add			\$270	\$ 0
FILING FEE TO BE PAID AT A LATER DATE			\$1,382.00	

Please use Customer No. 20,995 for the correspondence address.



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